DOCUMENT RESUME

ED 308 684 EC 220 559

AUTHOR Center, David B.
TITLE Social Maladjustment: An Interpretation.
PUB DATE Apr 89
NOTE 30p.; Paper presented at the Annual Convention of the Council for Exceptional Children (67th, San Francisco, CA, April 3-7, 1989).
PUB TYPE Information Analyses (070) -- Viewpoints (120) -- Speeches/Conference Papers (150)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS Access to Education; *Adjustment (to Environment); *Behavior Disorders; Court Litigation; *Definitions; Educational Legislation; Educational Needs; Elementary Secondary Education; *Eligibility; *Emotional Disturbances; Handicap Identification; Student Adjustment
IDENTIFIERS *Education for All Handicapped Children Act

ABSTRACT

The exclusionary term, "social maladjustment," the definition in Public Law 94-142 (the Education for All Handicapped Children Act) of serious emotional disturbance, has been an enigma for special education. This paper attempts to limit the interpretation of social maladjustment in order to counter effects of such decisions as "Honig vs. Doe" in the exclusion from special education of students with antisocial behavior problems. The paper recommends the inclusive use of the term "behavior disordered" rather than the medical term "emotionally disturbed" for those with educational handicaps in the affective, cognitive, functional, and social domains of behavior. It also proposes that the label "serious emotional disturbance" in the law was intended to be used inclusively and not restricted to disorders in the affective domain. A rationale is offered for defining the exclusionary term "social maladjustment" to mean only socialized aggression which represents an adjustive response to environmental circumstances. School personnel determining the presence of a qualifying handicap need only decide whether the student's behavior significantly and adversely affects his or her educational performance or that of classmates. The truly socially maladjusted student needs educational approaches which emphasize the development of specific skills and abilities. (DB)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

ED308684

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

Social Maladjustment: An Interpretation

David B. Center

Georgia State University

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

David B Center

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

This paper was the basis for a program conducted at the annual Council for Exceptional Children conference in San Francisco, California, 1989.

EC 220559

Abstract

The exclusionary term "social maladjustment" in the P.L. 94-142 definition of serious emotional disturbance has been an enigma for special education. This paper is an attempt to make a reasonable and limited interpretation of social maladjustment. It is important that the interpretation of this term be limited because there is growing effort to interpret social maladjustment in a very broad way to include all disorders of social behavior. The recent Honig vs. Doe (1988) decision appears to be adding impetus to this effort. Exclusion of students with antisocial behavior problems from special education apparently appears to some to be a readily available way of retaining the power of expulsion over students with antisocial behavior. This paper argues that such an interpretation is not appropriate and is not consistent with the intent of the P.L. 94-142 definition. In making this argument, the paper also addresses some additional issues related to the current label and definition and briefly discusses identification and programming.

Social Maladjustment: An Interpretation

Since the passage of P.L. 94-142 and the definition of serious emotional disturbance (SED) as a special education category within that law, the exclusionary term "social maladjustment" has been an enigma for special education. The puzzle posed by this undefined exclusionary term is evident in the fact that over half the states have simply dropped it in their state definitions.

This writer believes that it is important for social maladjustment to be defined. Until it is defined, it serves as a convenient loophole for those who choose to define it very broadly for various administrative purposes. There has been an ongoing effort to equate this term with any disorder of social behavior (Clarizio, 1987; Kelly, 1986; Slenkovich, 1983). In a recent survey (Center & Sizemore, 1987) of state directors of special education, fifty-three percent selected this broad interpretation (from three choices) of social maladjustment as being closest in meaning to their understanding of the term. With the

recent U.S. Supreme Court decision in Honig vs. Doe (1988), prohibiting the expulsion of handicapped students, this writer has observed a growing interest in the broad interpretation of social maladjustment referred to above. This increase in interest appears to be motivated by a desire, on the part of some, to ensure that expulsion will continue to be a readily available option for disciplining students exhibiting antisocial behavior.

Bower (1982), who wrote the current definition but without the social maladjustment exclusion in it, states that he defined emotional disturbance in terms of children's social maladjustments. Therefore, P.L. 94-142 and Bower must be using the term "social maladjustment" in different ways. It is assumed that placement of this exclusion in the definition had some specific purpose and was not an arbitrary act. The balance of this paper will be an attempt to place a reasonable and limited interpretation upon the social maladjustment exclusion in P.L. 94-142.

While deliberating on how to best interpret the meaning of social maladjustment, it became clear that it was going to be necessary to clarify several other

issues before a meaningful interpretation of social maladjustment could be stated. The other issues that need to be addressed include the label and definition used for serious emotional disturbance in P.L. 94-142.

Label

There is a great deal of confusion about labels used to identify students with behavior problems and the meaning of these labels. P.L. 94-142 uses the label "seriously emotionally disturbed" (SED), while many professionals in the field use the label "behavior disorder" (BD). In addition to the use of these two different labels, each label can be used in one of two ways. Each label can be used inclusively or exclusively. When either label is used inclusively, it is intended to subsume a wide range of disorders (Anthony, 1970) including those in the affective, cognitive, functional, and social domains (See Table 1). When SED is used exclusively, the intent is to restrict its referent to the affective domain. When BD is used exclusively, the intent is to restrict its referent to the social domain.

Insert Table 1

About Here

The position taken in this paper that the most appropriate label is "behavior disordered." While there are many good reasons for preferring the BD label (Feldman, Kinnison, Jay, & Harth, 1983; Huntze, 1985), only one will be discussed. The label "emotionally disturbed" is essentially a medical term with a particular theoretical bias, i.e., psychodynamic psychiatry. This writer (Center, 1986, 1989) agrees with Albee (1968) that the most appropriate model for dealing with most problems of children and youth, as well as adults, is an educational model. Special education is not a medical specialty but an educational specialty. It therefore should, if for no other reason, use an intervention model and associated terminology that is appropriate to an educational specialty (Center, 1986, 1989). For example, the field of learning disabilities has dropped its earlier use of a medical label "brain-damaged," and its implications, in favor of a purely descriptive label "learning disability." We

BEHAVIOR DISORDERS*

I. Behavior Classes:

1. Affective	2. Cognitive	3. Functional	4. Social

II. Subclasses:

a. Anxiety	a. Thinking	a. Eating	a. Attacking
b. Depression	b. Orienting	b. Eliminating	b. Oppositional
c. Fear	c. Reality-testing	c. Movement	c. Sexual

III. Examples of Behavior:

1. Panic	1. Magical thinking	1. Rumination	1. Fighting
2. Sadness	2. Identity confusion	2. Diarrhea	2. Negativism
3. Cowardice	3. Failure to anticipate consequences	3. Incoordination	3. Promiscuity

* Used inclusively

Table One. An illustration of the major classes and subclasses of behavior that may be disordered, in children and youth, with examples (Adapted from Anthony, 1970).

also should drop our use of what is essentially a medical term "emotionally disturbed," and its implications, in favor of a more descriptive label and one without a theoretical bias. The most widely used and suitable label available for adoption appears to be the label "behavior disorders" (Huntze, 1985).

Definition

There has been a national discussion going on for several years about the P.L. 94-142 definition of SED. This discussion has primarily revolved around whether or not the definition is an inclusive definition of the term "serious emotional disturbance" or whether it is an exclusive definition of the term (Center, 1985; CCBD, 1987). The P.L. 94-142 definition of SED begins with the words "The term means a condition exhibiting one or more of the following characteristics...." Following these words there is a statement of three conditions that must be met and five characteristics, one or more of which must be met. The debate over this definition essentially revolves around the interpretation of the words "...a condition...." Those who argue that it is an inclusive definition interpret those words to mean "any condition" that meets the criteria provided. Those

who argue that it is an exclusive definition interpret those words to mean "an emotional condition" that meets the criteria provided.

The position taken in this paper is that both the label and the definition were intended in their inclusive sense and not intended to be restricted to disorders in the affective domain for the following reasons.

1. The very fact that the definition has the social maladjustment exclusion in it supports the contention that the definition was intended as an inclusive definition. If the definition had been intended as an exclusive definition, there would have been no reason to also place an exclusion in it. Only an inclusive definition, in which a specific exception was desired, would require an exclusion.

2. The statement of the definition itself suggests an inclusive intent by the very fact that the wording used was "a condition" rather than the more specific wording "an emotional condition" that could have been used, if the intent had been exclusive.

3. Eli Bower, who wrote the definition, has made it

quite clear (Bower, 1982) that his definition was intended to be an inclusive definition and not an exclusive definition. Bower argues that attempts to exclude disorders of social behavior under his definition are a corruption of that definition. He states that the social maladjustment exclusion is meaningless since he defined emotional disturbance in terms of children's social maladjustments. Bower further argues that the social and emotional domains are complimentary and that they cannot be viewed as mutually exclusive domains on any rational basis.

4. The medical use of the term "emotional disturbance," with its psychodynamic bias, makes the very claim that Bower, among others, argues is not possible, i.e., disorders can have a purely emotional basis and that such disorders can be cleanly discriminated from other types of disorders. The lack of validity for this diagnostic claim is well documented (Mischel, 1968). In any event, this medical view of disturbance is certainly not the only view, not demonstrably the most accurate view, nor necessarily the most appropriate view upon which to base educational decisions.

5. Any reasonable analysis of the criteria in the

definition will also support the contention that the definition was not intended to exclude all disorders in the social domain. First, the third condition in the definition states that SED is a condition "...which adversely affects educational performance." Research shows that as the number of social behavior problems increase achievement decreases (Bower, 1981; Kupersmidt & Patterson, 1987). Second, characteristic (B) clearly specifies "An inability to build or maintain satisfactory interpersonal relationships...." Interpersonal clearly implies social, and one of the primary reasons for such an inability would be a lack of social competence (Phillips, 1978). Third, characteristic (C) specifies "Inappropriate types of behavior or feelings...." Inappropriate behavior clearly includes behavior related to the social domain. Had the intent been been to limit this characteristic to the affective domain, the appropriate wording would have been "Inappropriate types of behavior and feelings...." Further, had the intent been to limit inappropriate behavior to inappropriate affective behavior the regulation discussed below would not have been written

as broadly as it is.

6. The federal regulations governing implementation of P.L. 94-142 include the following statement:

Where a handicapped child is so disruptive in a regular classroom that the education of other students is significantly impaired, the needs of the handicapped child cannot be met in that environment. Therefore regular placement would not be appropriate for his or her needs (34 CFR #300.552, p. 51).

It seems clear from the wording of this regulation that the intent of the definition was to include all types of disruptive behavior, not just disruptive behavior related to the affective domain. Furthermore, this regulation suggests that it is possible to interpret the condition "...adversely affects educational performance..." in the definition to mean the student's behavior adversely affects his or her educational performance and/or that of classmates. Given this possibility, it doesn't make much sense to contend that the definition is only concerned with disturbing affective behavior but not social behavior.

7. Follow-up research (Robins, 1966, 1974, 1979) clearly shows that among children, with non-psychotic

behavior disorders, those with serious antisocial behavior are at greatest risk for mental health problems in adulthood. Given this, it should also be clear that they are also the children in greatest need for early intervention, i.e., during their school years. It is difficult to believe that P.L. 94-142 would have sought to specifically exclude the students who have been shown to be in greatest need of services both because of their achievement problems (see #5 above) and risk for adult mental health problems.

It seems evident to this writer that the label and definition in P.L. 94-142 were intended in their inclusive sense without regard to the domain (affective, cognitive, functional, or social) to which behavior can be related. Affective, cognitive, functional, or social behavior development can be faulty and any of the four or, more likely, some combination of them may lead to behaviors in a student that constitute a significant impediment to education, i.e., an educational handicap. Since P.L. 94-142 is a piece of educational legislation, there is little doubt that its primary intent is to address the needs of students who are educationally

handicapped. In the case of the SED definition, the central issue is not what is the student's medical (psychiatric) diagnosis but rather is the student educationally handicapped by his or her behavior.

Social Maladjustment

The context for a discussion of an interpretative position on social maladjustment has now been established. There are basically four different positions on the meaning of social maladjustment. First, there is Bower's (1982) position, which is essentially that it is a meaningless term since he defined emotional disturbance in terms of children's social maladjustments. Second, there is the position taken in DSM II (Freedman, Kaplan, & Sadock, 1976), which was the APA classification manual in use at the time the definition was adopted. That manual defined social maladjustment in terms of cultural conflict. In this view, social maladjustment is an adjustment disorder resulting from problems in trying to adapt to an alien culture or from having divided loyalties to two different cultures. Third, there is the position taken by Quay (1987) on social maladjustment, often referred to as socialized delinquency or subcultural delinquency,

which is defined as socialized aggression that represents an "...adjustive response to environmental circumstances...." Fourth, there is the position taken by Clarizio (1987), Kelly (1986), and Slenkovich (1983). In this view, social maladjustment is defined as any disorder in which antisocial behavior is a central feature.

This fourth position broadly uses the label "conduct disorder" to define the population that it would have us consider as socially maladjusted. The use of the label "conduct disorder" in this position follows the usage found in DSM III-R by the American Psychiatric Association. Conduct disorder as defined by DSM III-R is a broad category that subsumes several subtypes of behavior disorders involving social behavior. There is, however, another use of the label "conduct disorder" that involves a clear categorical distinction in disorders of social behavior. Quay (1986) has developed a classification system and an assessment instrument that uses the label "conduct disorder" to refer to unsocialized aggressive and nonaggressive behavior and the label "socialized aggression" to refer to

delinquent-like behavior. That this distinction can be empirically made is further supported by the research of Achenbach (1985). Achenbach's classification system and assessment instrument employ the labels "aggressive" and "delinquent" to make this distinction. The DSM III-R conduct disorder category also makes distinctions similar to the ones just discussed but does so by labeling them as solitary and group subtypes of conduct disorder.

The P.L. 94-142 definition of SED excludes the socially maladjusted from special education services unless the student is also handicapped, for educational purposes, according to the conditions and criteria provided in the definition. What P.L. 94-142 fails to do is make it clear to whom it is referring when it excludes those who are only socially maladjusted. The exclusion of the socially maladjusted in the P.L. 94-142 definition clearly suggests that the intent is to exclude some type of disorder of social behavior. For reasons already discussed at length above, it seems apparent that the intent was not to exclude all disorders of social behavior.

The position taken in this paper is that the

appropriate interpretation of the term "social maladjustment" in the P.L. 94-142 definition is one consistent with the third position discussed above, i.e., Quay's socialized aggressive (subcultural delinquent) group. In terms of DSM III-R categories (See Table 1), this would include only the "group type" of conduct disorder (formerly, the socialized aggressive and socialized non-aggressive subtypes in DSM III). The reasoning is as follows.

1. The prevalence estimate provided for SED (2-3%) would support this view. A conservative estimate of the delinquent population alone would make it at least equal to the upper end of the prevalence estimate used for SED. Clearly, if the delinquent population was to be included under the definition, the prevalence estimate for SED would have been greater than 2-3%.

2. Furthermore, socialized aggression is generally believed to be an adaptive response to environmental circumstances that leads to support and acceptance from a specific subculture, not an inadequate socialization as in the case of unsocialized aggression.

3. Public schools have little likelihood, as presently

structured, of providing an effective intervention in problems arising from the broad context of a student's social ecology. As Quay (1987) has argued, effective intervention for socialized aggression "...should be focused on systemic variables..." such as the peer group, family, and community.

4. On the other hand, public schools are second only to the family, in our culture, as agents of socialization. There is a much greater likelihood that schools can develop effective interventions for unsocialized aggressive students whose problems are attributable to inadequate socialization.

Both unsocialized and socialized aggressive students are potentially educationally handicapped by their behavior. There is little doubt that many students in the socialized aggressive category need specialized educational services both because of their achievement deficits and because of the negative impact of their behavior on regular classroom programs. However, given their apparent exclusion from special education, either an alternative program for socialized aggressive students needs to be developed within regular education or the P.L. 94-142 definition needs to be

modified to accommodate them.

Identification

Most of the assessment, to determine eligibility for special education services for behavior disorders, done by school psychologists, is based on the assumptions of the American Psychiatric Association's DSM III-R diagnostic and classification system. While this is unlikely to change, it should be emphasized that school psychologists need to keep in mind that DSM III-R is a medical model and not on an educational model. As a medical tool it was not designed for, nor intended for making educational decisions. Therefore, the fit between this medical tool and the needs of education will not necessarily be a good one. Its use for educational decision making should be done making due allowances for the differences in purpose of diagnoses for psychiatric and educational services. The critical issue in a diagnosis of behavior disorder, as an educational handicap, is not some hypothetical disturbance of affect but rather the impact of the student's problem on educational performance. It is irrelevant whether or not the student has excesses of

behavior, e.g., anxiety or aggression, or deficits of behavior, e.g., guilt or social skills. The central question is, does the student's behavior significantly and adversely affect his or her educational performance or that of classmates?

It must also be remembered that the exclusion of the socially maladjusted applies only when there is no evidence of other problems that would qualify the student for special education services. It is not sufficient to simply determine that the student is socially maladjusted and exclude the student from service on those grounds without further evaluation for behavior disorders. Two instruments that should be particularly useful are the Behavior Problem Checklist - Revised (Quay & Peterson, 1983) and the Child Behavior Checklist (Achenbach, 1981). Both of these instruments are designed to identify disorders of several types including social maladjustment as defined in this paper. If a student evidences a problem only on Quay and Peterson's socialized aggression scale or Achenbach's delinquency scale, the student should be considered socially maladjusted. If the student is deviant on one of these scales in addition to other scales on the

instruments, the student will probably qualify for special education services. In DSM III-R terms, conduct disorder, undifferentiated type or conduct disorder, group type plus some other qualifying disorder under the DSM III-R classification system would make the student potentially eligible for special education services (See Table 2).

Insert Table Two

About Here

Programming

There clearly exists the possibility that some students who are socially maladjusted, as defined above, may also qualify for special education services. This would occur when such a student, in addition to being socially maladjusted, also meets the conditions and criteria in the P.L. 94-142 definition for being considered to have a handicap for educational purposes.

When planning services for students who are socially maladjusted several things need to be taken into consideration. First, these students' behavior is a product of socialization even though we may view it as

BEHAVIOR DISORDERS*

I. Behavior Classes:

1. Affective	2. Cognitive	3. Functional	4. Social

II. Subclasses:

a. Anxiety	a. Thinking	a. Eating	a. Attacking
b. Depression	b. Orienting	b. Eliminating	b. Oppositional
c. Fear	c. Reality-testing	c. Movement	c. Sexual

III. DSM III-R (Child and Adolescent Disorders):**

1. Separation anxiety	1. Pervasive developmental	1. Anorexia	1. Attention-deficit hyperactivity
2. Avoidant	2. Specific developmental	2. Bulimia	2. Conduct, group type***
3. Overanxious		3. Encopresis	3. Conduct, solitary type
		4. Enuresis	4. Conduct, undifferentiated type
		5. Tourette's	5. Oppositional defiant
		6. Chronic vocal or motor tic	6. Gender identity
			7. Transsexualism

* Used inclusively

** Many of these DSM III-R classifications will cut across classes and subclasses. They have been placed here in the class and subclass column judged to be related to the primary problem. Whether or not one of these diagnoses qualifies a student for special education services in a behavior disorder program will depend on how the student matches up with eligibility criteria.

*** The diagnosis that this paper argues is the proper interpretation of the meaning of the term "social maladjustment" in P.L. 94-142.

Table Two. An illustration of the major classes of behavior that may be disordered and their relation to DSM III-R child and adolescent diagnoses (Adapted from Anthony, 1970).

an inappropriate socialization. A major factor in that socialization will probably be the peer group (Sutherland & Cressey, 1970). Therefore mixing these students with undersocialized students is not recommended. In fact, such mixing may be counterproductive because of the potency of the socialized aggressive as peer models for inappropriate socialization. Second, research has failed to demonstrate that any of several possible approaches to intervention with the socialized aggressive population has been highly successful (Gordon & Arbuthnot, 1987). Gordon and Arbuthnot's review of the research literature suggests that, in the short-term, educational approaches with an emphasis on developing specific skills and abilities are effective. Unfortunately, the long-term effects of all types of interventions have been meager. In view of the research findings, intervention efforts in educational settings probably should focus on resocialization with an emphasis on mainstream values and the development of social competence, including both its behavioral and cognitive aspects (Center, 1989), based upon these values. Finally, effort needs to be

directed at involvement, to as great an extent as possible, of families and the community in the program. In particular, there should be an attempt to interface with community agencies serving families and children including juvenile authorities and programs.

Summary of Recommendations

First, the inclusive use of the behavior disordered label, over either type usage of the SED label, for educational handicaps in the affective, cognitive, functional, and social domains of behavior is recommended. Second, it is recommended that the P.L. 94-142 definition be viewed as an inclusive definition that means "any condition" that meets the criteria provided unless that condition is specifically excluded. Third, it is recommended that social maladjustment, for special education purposes, be interpreted to mean socialized aggression (socialized delinquency) but not unsocialized aggression following the distinction made between these two categories by both Quay and Achenbach. Finally, in order to reduce terminological confusion, it is further recommended that when the DSM III-R label "conduct disorder" is used to refer to social maladjustment "group type" be specified.

References

Achenbach, T. (1981). Child behavior checklist. Burlington, VT: University Associates in Psychiatry.

Achenbach, T. (1985). Assessment and taxonomy of child and adolescent psychopathology. Beverly Hills, CA: Sage.

Albee, B. (1968). Models, myths, and manpower. Mental Hygiene, 52, 168-180.

Anthony, E. (1970). The behavior disorders of childhood. In P. Mussen (Ed.), Carmichael's manual of child psychology, (Vol. 2, 3rd ed.). New York: Wiley.

Bower, E. (1981). Early identification of emotionally handicapped children in school (3rd ed.). Springfield, IL: Charles Thomas.

Bower, E. (1982). Defining emotional disturbance: Public policy and research. Psychology in the Schools, 19, 55-60.

Center, D. (1985). P.L. 94-142 as applied to DSM III diagnosis: A book review. Behavioral Disorders, 10, 305-306.

Center, D. (1986). Educational programming for children and youth with behavioral disorders. Behavioral Disorders, 11, 208-212.

Center, D. (1989a). Curriculum and teaching strategies for students with behavioral disorders. Englewood Cliffs, NJ: Prentice-Hall.

Center, D. (1989b). Social maladjustment: Definition, identification, and programming. Focus on Exceptional Children, in press.

Center, D., & Sizemore, A. (1989). Variables affecting underservice to students with behavior disorders: II. National Forum of Special Education, in press.

Clarizio, H. (1987). Differentiating emotionally impaired from socially maladjusted students. Psychology in the Schools, 24, 237-243.

Council for Children with Behavioral Disorders (1987). Position paper on definition and identification of students with behavioral disorders. Behavioral Disorders, 13, 9-19.

Feldman, D., Kinnison, L, Jay, R., & Harth, R. (1983). The effects of differential labeling on professional concepts and attitudes toward the emotionally

disturbed/behaviorally disordered. Behavioral Disorders, 8, 191-198.

Freedman, A., Kaplan, H., & Sadock, B. (1976). Modern synopsis of comprehensive textbook of psychiatry/II. Baltimore, MD: Williams & Wilkins.

Gordon, D., & Arbuthnot, J. (1987). Individual, group, and family interventions. In H. Quay (Ed.), Handbook of juvenile delinquency. New York: Wiley.

Huntze, S. (1985). A position paper of the Council for Children with Behavioral Disorders. Behavioral Disorders, 10, 167-174.

Kelly, E. (1986). The differential problem sorter: Rationales, procedures, and statistical/clinical values. Unpublished manuscript, University of Nevada, Las Vegas; Las Vegas, Nevada.

Kupersmidt, J., & Patterson, C. (1987). Interim report to the Charlottesville public schools on children at risk. Unpublished manuscript, University of Virginia; Charlottesville, VA. Discussed in J. Kauffman (1989), Characteristics of children's behavior disorders (4th ed.). Columbus, OH: Merrill.

Mischel, W. (1968). Personality and assessment. New York: Wiley.

Phillips, E. (1978). The social skills basis of psychopathology. New York: Grune & Stratton.

Quay, H. (1986). Classification. In H. Quay & J. Werry (Eds.), Psychopathological disorders of childhood (3rd ed.). New York: Wiley.

Quay, H. (1987). Patterns of delinquent behavior. In H. Quay (Ed.), Handbook of juvenile delinquency. New York: Wiley.

Quay, H., & Peterson, D. (1983). Revised behavior problem checklist. Coral Gables, FL: University of Miami.

Robins, L. (1966). Deviant children grown up. Baltimore, MD: Williams and Wilkins.

Robins, L. (1974). Antisocial behavior disturbances of childhood: Prevalence, prognosis, and prospects. In E. Anthony & C. Koupernik (Eds.), The child in his family: Children at psychiatric risk. New York: Wiley.

Robins, L. (1979). Follow-up studies. In H. Quay & J. Werry (Eds.), Psychopathological disorders of childhood (2nd ed.). New York: Wiley.

Slenkovich, J. (1983). P.L. 94-142 as applied to DSM III diagnoses: An analysis of DSM III diagnoses vis-a-vis special education law. Cupertino, CA: Kinghorn Press.

Sutherland, E., & Cressey, D. (1970). Criminology. New York: Lippincott.